

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

MARIA ELENA CHAVEZ LETONA,

Plaintiff,

CASE NO.: 23-CV-24299

v.

AMOR DE JESUS CORP., et al.,

Defendants.

**DEFENDANTS' RESPONSE TO PLAINTIFF'S
NOTICE OF NINETY DAYS EXPIRING [DE89]**

COME NOW, the Defendants, Jose Machado, Amor De Jesus Corp, Sweet Living Facility, Inc., Zelmira Quinonez, and Aminta Quinonez (collectively, the “**Defendants**”) by and through undersigned counsel and hereby file this Response to the Plaintiff’s Notice of Ninety Days Expiring [DE 89] and in support state as follows:

1. The Defendants never had the documentation Plaintiff requested.
2. The Defendants were cited by A.C.H.A. for failure to maintain accurate records on a number of occasions. See attached Notice as Exhibit A.
3. The Defendants could not “preserve and maintain” documents they never had to preserve. The documents were not created.

WHEREFORE, the Defendants respectfully request this Honorable Court: (1) deny the Plaintiff’s Motion for Sanctions Based on the Defendant’s Spoilation of Evidence and any other relief deemed just and necessary.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing pleading has been electronically filed and served via EM/ECF on this 6th day of January 2025.

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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/04/2023
NAME OF PROVIDER OR SUPPLIER AMOR DE JESUS, CORP		STREET ADDRESS, CITY, STATE, ZIP CODE 14283 SW 177 STREET MIAMI, FL 33177		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 079	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain minimum weekly staff hours to meet six residents' scheduled and unscheduled needs, including two residents receiving hospice services. The facility had only one staff member on duty to care for six residents during the 24-hour day. The facility also failed to maintain a work schedule. Findings include: Observation on from 8:24 AM to 9:54 AM showed Staff B alone on duty, caring for six residents. During an interview on at 8:29 AM, Staff B stated, "There are only two people working here. I work 24 hours alone, and the other staff comes on my day off." A review of the facility's records showed no documentation of a work schedule for On at 1:46 PM, when asked why there wasn't a current staffing schedule and Staff B was the only staff working during the day, the Administrator stated, "I have put up the current schedule on the bulletin board when I got here, I work with [Staff B] during the day. I was running late today." Class III	A 079		
A 084 SS=E	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt	A 084		

